



**King County Mental Health Chemical Abuse and Dependency Services Division
2002 Briefing Paper**

OUTPATIENT SERVICES ACCESS FOR PERSONS NOT ON MEDICAID

BACKGROUND:

RCW 71.24, the Community Mental Health Services Act, requires that the publicly funded mental health system serve persons who are acutely, chronically, or seriously mentally ill, or children who have serious emotional disturbances. RCW 71.24 does not additionally restrict the service population to those who are on Medicaid—in fact it specifically mentions low-income persons as an underserved population. The state Mental Health Division funding formula, however, is based on the number of Medicaid persons residing in each Regional Support Network's catchment area and the state contract does not require outpatient mental health services to be provided to non-Medicaid persons, except as resources permit. Because, by federal waiver, persons on Medicaid cannot be denied access to outpatient services, very few resources are available to non-Medicaid persons. With ongoing budget reductions, these resources continue to diminish. Unfortunately, without outpatient service access, these persons are more likely to use the expensive crisis, emergency room, and inpatient services that are available to them.

ISSUES/CHALLENGES:

Some non-Medicaid, low-income persons have very serious mental disorders. They are disproportionately represented in populations of color and among the homeless, and are significant users of crisis, emergency room inpatient resources.

DATA:

In 2001, approximately \$5.6 million was allocated in the budget for long-term outpatient services to non-Medicaid persons. In 2002, that amount has dropped to \$2 million and the length of service has dropped from 12 to six months. It will also be \$2 million in 2003. Due to this reduction in funding, since 2000 the average number of non-Medicaid persons served per month has dropped 36% from 1,868 out of 17,712 served in 2000, to 1,439 out of 18,912 served year-to-date 2002.

RECOMMENDATION/LEGISLATIVE ACTION:

Work with the state Mental Health Division and the State Legislature to acknowledge the treatment needs, and the costs of meeting those treatment needs, of persons with serious and persistent mental illnesses or children with emotional disturbances who are low income but not on federal Medicaid.